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practice, not only in this State, but throughout the Union. It was in response to that feeling that the Council recommended to the House of Delegates, several years ago, the changes in the by-laws, making possible a standing Committee on Public Relations. Along the same line the Council voted in the year 1930 to instruct the California representatives to submit to the House of Delegates of the American Medical Association some resolutions asking that body to authorize the appointment of an American Medical Association Bureau of Medical Economics.* Both departments were thus brought into being, and each, in its own field, has done excellent work. Neither has satisfactorily solved, nor was it expected that they could so solve, many of the problems studied. For the matter of that, the national Committee on the Costs of Medical Care likewise failed, in its studies, to offer solutions acceptable to the profession and other interested parties. One of the difficulties seems to have revolved around the fact that physicians constitute a professional, instead of a trade or industrial guild, with the additional peculiarity of service rendered by an individual physician to an individual patient; so that attempts to mechanize and standardize such service into mass efforts at once met obstacles by no means easy to overcome and, in some instances, impossible to eliminate without destruction of basic elements in healing-art practice. It is only natural, therefore, that physicians should be reluctant to accept new plans of procedure in practice when such changes in methods give indications of dangers or defects, as great or greater than those existing in the system inherited from forebears of the last hundred years, or more.

* * *

Commendable Unanimity.—Because of perspectives such as those indicated above, it is understandable why, at Riverside, at least two methods of approach were advocated and fought for. And by the same token how it was possible that when one of the plans failed to receive the necessary two-thirds vote, the members of the House of Delegates, as the supreme governing body of the Association, should have unanimously concurred in the adoption of the other plan. It was a tribute to the broad vision of the members of the House of Delegates that, being in doubt about the scope and efficacy of what might be termed an "Alameda Plan on a Large Scale," they should have then given, without dissenting vote, full support to an alternative plan to make as thorough a study as possible of sociologic, economic and other conditions in California having a relation to sickness and its costs, and the place and functions of physicians therein, with special regard to new elements which may have arisen in our changing civilization.

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Coöperation of all California Medical Association Members Desired.—It is not the purpose in these lines to discuss whether the action taken was the wisest possible. It is enough for us, as members of the California Medical Association,

EDITORIALS

THE 1934 ANNUAL SESSION

Action on Two Major Plans Presented.*—This year's annual session of the California Medical Association—its sixty-third, by the way—has joined its historic predecessors. However, some of the work initiated at Riverside may still take years for completion, more particularly that which will come into being as part of the sickness survey authorized by the House of Delegates; by means of which it is hoped to accumulate and coördinate data on illness and the costs of sickness, with special reference to the needs of low bracket income groups among California citizens. A perusal of the minutes of the House of Delegates and the Council (as printed on pages 431 and 449 in this issue of CALIFORNIA AND WESTERN MEDICINE) will permit interested readers who were not in attendance at the annual session to better understand the various plans proposed, and the final action taken at Riverside.

Members of the California Medical Association are aware of the fact that for some time past its officers have been alert to the important changes which were threatening medical economics and

* The two plans here referred to are printed in the Minutes of the House of Delegates, under Monday meeting, as Item XVII (Resolutions 1 and 2, and 4 and 8) and under Wednesday meeting, as Item IX (Resolutions 4 and 8).

* See CALIFORNIA AND WESTERN MEDICINE, Vol. XXXII, June, 1930, page 450.

to know that through our delegated representatives, in a meeting of rapt attention lasting until almost two o'clock in the morning, the House should have seen fit to endorse unanimously the other plan which provided for an intensive study of some of the major economic problems having to do with sickness, and by means of which it was hoped to place in possession of the Association reliable and comprehensive facts and figures on the subject; for use, if necessary, when the next California legislature convenes. Because our official spokesmen and representatives in the House of Delegates took that action, it is proper that every member of the California Medical Association should give to the Committee of Five (which is to be appointed: two members from the Council and three members from the House of Delegates*) every possible cooperation; for to such a platform of full cooperation, all must pledge themselves. * * *

Other Features of the Riverside Session.—Leaving now the domain of official business, it is of interest to know that the Riverside annual session was honored by the largest attendance thus far on record, a total of 1,618 registrations having been recorded.† The meetings were also remarkable because of the good fellowship so constantly in evidence. Much credit is due to Dr. W. W. Roblee's local committee on arrangements for its successful efforts in providing for the comforts and entertainment of visiting members. The Mission Inn headquarters, with its unique settings, to which hotel many members had the pleasure of making their first visit, was more than appreciated.

The meetings of the scientific sections were carried through in excellent fashion. Many of the papers will be printed during the coming year in CALIFORNIA AND WESTERN MEDICINE. The Community Health Meeting was the subject of much favorable comment.

Dr. George G. Reinle, Retiring President.—To the retiring president, Dr. George G. Reinle of Oakland, the thanks of the Association are extended for a year of efficient and active service. His efforts to place before many of the component county societies some of the problems confronting medical practice, and to enlist active interest therein from one end of this large and great state to the other, cannot result in other than good for organized medicine in California.

Dr. Clarence G. Toland, President.—To Dr. Clarence G. Toland, president until the California Medical Association meets in Yosemite National Park (probably in the latter part of May of 1935), go the pledges of whole-hearted support from all California Medical Association members.

* The Committee of Five on Study of Health Insurance Plans, as authorized by the House of Delegates is as follows: Chairman Kelly of the Council has appointed as the two Council members, Dr. Robert A. Peers of Colfax and Dr. Harry H. Wilson of Los Angeles; and Speaker Pallette of the House of Delegates has appointed as the three House members, Dr. Rodney A. Yoell and Dr. Alson R. Kilgore of San Francisco, and Dr. William R. Molony, Sr., of Los Angeles.

† The exact registration at the Riverside session was as follows: members, 1,157; guest physicians, 125; guests (technicians, nurses, etc.), 50; exhibitors, 44; members of Woman's Auxiliary, 242. Total, 1,618.

He may be relied upon, we are sure, to give the best that is in him to continued further progress of the California Medical Association in every direction.

Dr. Robert A. Peers, President-Elect.—Greetings are also extended to the new president-elect, Dr. Robert A. Peers of Colfax. Doctor Peers, for many years, has been a faithful and valuable servant in organized and scientific medicine. He is an excellent example of that fine and sturdy type of physician so characteristic of smaller counties, where the responsibilities of daily practice test out the man. His past experience, and his personal qualities, lead all who know him to anticipate with confidence that he will carry forward, in splendid fashion, both the work begun by his predecessors and that of his own day.

So much for Riverside. If you would know more of what was done, (and you should), then take the time to scan the minutes of the Council and the House of Delegates; and with mind alert ask yourself what solutions appeal most to you for many of the problems which came up for consideration and which your delegates, acting for you, were called upon to decide.

BUBONIC PLAGUE IN CALIFORNIA RODENTS

Rodent Plague has existed in California since the Year 1900.—The above caption may not appeal to some of California's lay citizens, but sometimes the truth must be told, even though the telling hurts. In last month's CALIFORNIA AND WESTERN MEDICINE, page 381, some comments on "Bubonic Plague" were printed, and these included the following:

"... It is well to remember (skeptics to the contrary notwithstanding) that all scientific evidence shows that the *Bacillus pestis* has a wide distribution in the rodent population of California; and that, given suitable conditions—as happened in the Mexican district of Los Angeles several years ago—an outbreak of bubonic plague among human beings could easily take place."

When expression was given to that thought, the editor knew, but did not feel at liberty so to state, that in certain California counties there had been a flare-up of plague in the ground squirrel population; of such extent, indeed, that the California State Board of Health had deemed it necessary to notify all health officers and physicians of existing conditions, so that if a case of human plague infection did occur it would be the more promptly recognized, and the situation could at once be gotten into hand.

An Official Report on the Present Outbreak.—Perhaps as good a way as any to bring this important California public health problem to the attention of the medical profession (as well as to place the medical profession of the state squarely on record) will be to quote from the April, 1934, report of the Bureau of Sanitary Inspections, a copy of which is sent to each of the seven physicians who constitute the California State Board of Health; and since, at the last meeting of the